

## Questions to Stimulate Discussion

**McKenna NP, Habermann EB, Glasgow AE, Dozois EJ, Lightner AL. Intra-abdominal sepsis after ileocolic resection in Crohn's disease: The role of combination immunosuppression Dis Colon Rectum 2018; 61: 1393–1402**

- 1. 63 % of patients had not had a prior intestinal resection for Crohn's disease. One cannot clearly see how many of these were on dual or triple therapy. This however emphasizes the importance of close cooperation with gastroenterologists to avoid this scenario, where patients with disease in an easily surgically resectable area are treated with combination immunosuppression**
- 2. In the manuscript, biological use was considered "positive" if the last dose was received within 12 weeks of surgery. What is this based upon? Would this differ for different biologics?**
- 3. What do you discuss with your Crohn's patients pre-operatively regarding diversion? Are they marked for a temporary stoma site preoperatively?**
- 4. What do your gastroenterologists recommend regarding biologic dosing preoperatively?**

**Johnston WF, Stafford C, Francone TD, Read TE, Marcello PW, Roberts PL, Ricciardi R. What Is the Risk of Anastomotic Leak After Repeat Intestinal Resection in Patients With Crohn's Disease? Dis Colon Rectum 2017; 60: 1299–1306**

- 1. Do you think the group of patients with total/completion colectomy should have been included?**
- 2. Should smoking status have been included? Should this data have been available in the hospital records?**

3. Should the authors have accounted for the occurrence of multiple anastomoses (i.e. repair of ileosigmoid fistulae and similar)?
4. Should they have confined their study only to ileocolic anastomosis?

Liu W, Zhou W, Xiang J, Cao Q, Zhu J, Qi W, Chen P, Xie Q. Lémann Index at Diagnosis Predicts the Risk of Early Surgery in Crohn's Disease. *Dis Colon Rectum* 2018; 61: 207–213

1. Describe the Vienna and Montreal classification systems for Crohn's disease.
2. What is the Harvey-Bradshaw index?
3. If you look at supplemental digital content 2, the model for calculating the Lémann index, do you think this is practical for routine clinical use ?
4. Could calculation of this index perhaps have brought the triple immunosuppressed patients described in the first paper to surgery earlier?

Toh JWT, Wang N, Young CJ, Rickard MJFX, Keshava A, Stewart P, Kariyawasam V, Leong R; and the Sydney IBD Cohort Collaborators. Major Abdominal and Perianal Surgery in Crohn's Disease: Long-term Follow-up of Australian Patients With Crohn's Disease. *Dis Colon Rectum*. 2018 Jan;61(1):67-76.

1. In this study, the race and ethnicity of patients is not reported upon. Is this important?
2. In contrast to the first paper, the majority of patients have a non-stricturing, non-penetrating phenotype, why is this?
3. What are possible explanations for their emergency surgery rates?
4. What can be done to reduce the rate of surgical recurrence?